

**NOTICE OF REMOVAL OF A HUMAN CORPSE
FROM A HOSPITAL / NURSING HOME / HOSPICE****Items 1- 12 to be Completed by the Administrator of the Hospital, Nursing Home or Hospice (or His or Her Designee)****Items 13-17 to be Completed by a Wisconsin Licensed Funeral Director, Coroner/Medical Examiner or Family Member****TYPE OR PRINT IN PERMANENT BLACK INK.**

| | | | | | |
|---|--|--|--|--|---|
| 1. NAME OF DECEASED (First/Middle/Last) | | 2a. SEX <input type="checkbox"/> M <input type="checkbox"/> F | 2b. AGE or <input type="checkbox"/> Stillborn | 3a. DATE PRONOUNCED DEAD (Month / Day / Year) | 3b. TIME PRONOUNCED Hour Min M |
| 4. HOSPITAL DEATH (Not in Hospice Care) (Check one box in 4, 5a or 6.) <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA from N.H. <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpatient <input type="checkbox"/> ER from N.H. <input type="checkbox"/> ER from Other | | 5a. N. H. DEATH (Not in Hospice Care) <input type="checkbox"/> Nursing Home | | 5b. NURSING HOME LIC. NO. | 6. HOSPICE DEATH (for Deaths in Hospice Care Only) <input type="checkbox"/> Private Residence (Skip Item 7a.) <input type="checkbox"/> Other (in Hospital, Nursing Home, CBRF or Other Place) |
| 7a. NAME OF INSTITUTION AND CAMPUS OR NAME OF HOSPICE ORGANIZATION | | | 7b. COMPLETE MAILING ADDRESS | | |
| 8a. PERSON PRONOUNCING DEATH (Only professions listed may pronounce death. A hospice R.N. may only pronounce death in certain circumstances.) (Check one.) <input type="checkbox"/> Physician <input type="checkbox"/> Coroner/M.E. <input type="checkbox"/> Dep. Coroner/M.E. <input type="checkbox"/> R.N. (A box in item 6 must be checked) | | | 8b. NAME AND TITLE OF PERSON WHO PRONOUNCED DEATH | | |
| NOTE TO FUNERAL DIRECTOR. The physician listed below is tentatively assumed to be the certifying physician. To insure the timely filing of the death certificate, verify that this physician will be available and is willing to sign the death certificate before mailing or presenting the document for medical certification. | | | | | |
| Medical Certifier Information The medical certifier must be one of the following: Physician with a valid Wisconsin physician license (not 1 st year resident) Physician with a temporary Wisconsin physician license Other licensed physician working in a Veteran's Hospital Wisconsin Coroner/Medical Examiner, Deputy Coroner/Medical Examiner | | | 9a. DEATH CERTIFICATE TO BE SIGNED BY <input type="checkbox"/> NAME OF ATTENDING PHYSICIAN: _____ or <input type="checkbox"/> ALTERNATE PHYSICIAN: _____ or <input type="checkbox"/> CORONER/MEDICAL EXAMINER OF _____ COUNTY. | | |
| 9b. PHYSICIAN MEDICAL CERTIFIER CAN BE REACHED AT HOSPITAL OR CLINIC _____ PHONE _____ MAILING ADDRESS _____ | | | 10a. NOTIFICATION OF CORONER/MEDICAL EXAMINER REQUIRED* <input type="checkbox"/> Yes <input type="checkbox"/> No | | 10b. IF 10a IS CHECKED "YES", COUNTY OF INCIDENT _____ |
| *NOTE: For reportable deaths, see list in item 12 below and check with the county Coroner/Medical Examiner for individual county policies. For reportable cases, notification must occur before the release and embalming of the body. | | | | | |
| 11a. NAME OF STAFF PERSON COMPLETING THIS SECTION | | 11b. SIGNATURE - Staff Person Listed in 11a | | 11c. PHONE NUMBER | |
| COMMUNICABLE DISEASE ALERT. In accordance with Wis. Stat. 69.18 (3) (g), at the time a body is removed, the facility or hospice must notify the person making the removal if the decedent had a documented or suspected communicable disease (including a positive HIV status) at the time of death. That report must be on a separate form and is not transmitted to the local vital record registration office. | | | | | |
| 12. CHECK APPLICABLE BOX(ES) (if the case is reportable to the Coroner/Medical Examiner under Wis. Stats. 30.67, 69.18, 155, 346.71, 350 and 979). • For a case reported in 1-10, the Coroner or M.E. must sign the death certificate (unless it is determined that the initially reported condition played no role in the cause of death). • For certain cases reported under item 11, a Coroner or Medical Examiner may waive jurisdiction for signing the death certificate. | | | | | |
| <input type="checkbox"/> 1. Homicide or suicide (includes homicide due to acts of bioterrorism) <input type="checkbox"/> 2. Death following a recent accident, even if the injury is not the underlying cause of death (e.g., hip fracture still significantly affecting the health of the decedent at the time of death) <input type="checkbox"/> 3. Death following old injury (no time limit) if the injury significantly affected the health of a patient at the time of death (e.g., death from renal failure due to quadriplegia due to old gunshot wound) <input type="checkbox"/> 4. Death due to poisoning <input type="checkbox"/> 5. Death following abortion <input type="checkbox"/> 6. Death involving motor vehicle, snowmobile, all-terrain vehicle or boat | | | <input type="checkbox"/> 7. Death with no physician or accredited spiritual healer in attendance 30 days preceding death <input type="checkbox"/> 8. Death of a correctional inmate <input type="checkbox"/> 9. When, after reasonable efforts, the physician cannot be obtained or will not sign the death record in time or in an emergency situation as determined by the Coroner/Medical Examiner <input type="checkbox"/> 10. Death with unexplained, unusual or suspicious circumstance (includes sudden unexplained death at any age) <input type="checkbox"/> 11. Death reportable under individual county Coroner/Medical Examiner policies (e.g., 24 hour rule, home deaths) | | |
| 13a. STATUS OF PERSON REMOVING BODY (Check one.) <input type="checkbox"/> Wisconsin Licensed Funeral Director <input type="checkbox"/> Family Disposition <input type="checkbox"/> Coroner/M.E. Office (body storage or disposition) | | 13b. NAME OF FUNERAL DIRECTOR (or Person Acting as Such) | | 13c. WIS. FUNERAL DIRECTOR LICENSE NO. (if applicable) | |
| 13d. FUNERAL HOME NAME (if applicable) | | 13e. MAILING ADDRESS OF FUNERAL HOME (or of Person Acting as the Funeral Director) | | | |
| 14. SIGNATURE - Funeral Director (or Person Acting as Such) | | 15. PHONE NUMBER OF PERSON IN 13b () | | 16. DATE SIGNED (Month / Day / Year) | |
| 17. SPECIAL CIRCUMSTANCES (In either case listed below, the person removing the body must complete all items in 13a-17.) <input type="checkbox"/> The body is being removed by a family member. (Per Wis. Stat. 69.18, if a family member removes a body, the family must personally make all arrangements for final disposition and cannot employ a funeral director to provide other services (including preparation of the Notice of Removal, Report for Final Disposition and Death Certificate). <input type="checkbox"/> The body is being removed by or under the direction of a Wisconsin Coroner/Medical Examiner office for investigation purposes. | | | | | |
| IMPORTANT NOTES • The facility/hospice must send this form to the local registrar (Register of Deeds or Milwaukee City Health Office or West Allis City Health Office) within 24 hours of death (Wis. Stat. 69.18). The facility/hospice should keep one copy of the form for the medical chart. The funeral director (or other person removing the body) also requires a copy. • The filing of this document does not constitute notification of the Coroner/Medical Examiner under Wis. Stat. 979.01 or the filing of the Report for Final Disposition under Wis. Stat. 69.18 (3). • This form is not required for stillbirths but may be used to document release of the remains. Hospital staff and funeral directors must verify the actual legal status of the neonate (liveborn or stillborn) before removal of the body to insure legal documentation of the event. • Hospice R.N.s may only pronounce death under conditions specified in Wis. Stat. 69.19 (1) (cm) for anticipated deaths of enrolled hospice patients. • Each Coroner/Medical Examiner has county-specific written policies on reporting deaths. Reporting non-hospital/nursing home deaths (including deaths under hospice care) may still be mandatory [Wis. Stats. 979.01, 979.10, 69.18 (2) and/or Administrative Rule HFS 135.08]. • Failure to comply with filing requirements for this document could result in a fine of not more than \$1,000 or imprisonment for 90 days or both [Wis. Stat. 69.24 (2)(d)]. | | | | | |